

**Follow-Up Report
On
Ground Ambulance Services**

January 2006

**Health and Social Services
Municipal and Community Affairs**

Table of Contents

1. Background	1
1.1. Mandates.....	1
1.2. Definitions.....	2
2. Feedback from the Interviews	4
2.1. Funding	4
2.2. Co-ordination	5
2.3. Highway Services	5
2.4. Other Comments	6
3. Observations of the GNWT Interdepartmental Team	6
3.1. Many service providers share personnel and facilities with other services in their community.....	6
3.2. NWT Highways have a very low call volume.....	7
3.3. User fees for Ambulance Services are the primary source of funding ambulance services	8
3.4. 16 communities, which are without ground ambulance services, have at least one resident nurse at the health facility.....	8
3.5. There are numerous sources of GNWT funding which provide resources for ambulance services	8
3.6. Services Levels and Standards are varied	10
3.7. Training programs are expensive.....	11
4. Recommendations	11
4.1. Short Term (can be completed in one year or less)	11
4.2. Long Term (can be completed in three to five years).....	14
5. Next Steps	16

1. Background

In late 2004, the Department of Health and Social Services (HSS) released a report called the Background Report on Ambulance Services in the NWT (Appendix A). The 2004 report provided broad background information about ground ambulance services in the NWT. The report identified topics where additional input would be valuable. Specifically, the report recognized the need for ambulance operators and healthcare professionals to identify their concerns about ground ambulance services in the NWT. In 2005, the Departments of Health and Social Services, Municipal and Community Affairs (MACA) and Transportation (DOT) undertook follow-up work.

Health and Social Services was also asked to consider the needs of communities without a ground ambulance service. Correspondence (Appendix B) from the Beaufort Delta Health and Social Services Authority demonstrates that the Authority does not permit Health Centre nurses to leave the Health Centre to provide emergency care. Community representatives have expressed concern about this policy.

This report summarizes the concerns and input expressed by the healthcare professionals and ambulance providers in interviews with departmental representatives. This report also identifies some initial recommendations about ground ambulance services in the NWT.

This report represents only a first step towards improved and coordinated support from the GNWT. It will take further work and consultation before the Ministers can consider any substantial changes to mandates, programs or funding arrangements with a full understanding of the implications.

As a side note, none of the people interviewed identified any significant corrections that needed to be made to the 2004 report.

1.1. Mandates

The Department of Municipal and Community Affairs (MACA)

has a broad mandate to establish the legislative and policy framework within which community governments can operate, and to provide appropriate funding to support community governments in their delivery of municipal programs and services.

More specifically, the Department is responsible for ensuring that adequate, territorial-wide legislative, administrative and financial standards for municipal program and service delivery are developed and maintained. MACA is also responsible for promoting and enforcing fire safety standards. Part of this responsibility includes ensuring that appropriate training is available for fire protection and prevention programs.

Community governments (except unincorporated communities) have legislated authority to make bylaws for the safety, health and welfare of residents within their jurisdiction.

With the approval of the Executive Council, a community government can also make a bylaw that applies outside the boundaries of the community, specifically in respect of fire protection and ambulance services. Community governments also have legislated authority to establish fees for municipal services.

Thus, although not required by legislation to do so, community governments have full authority to provide both ground ambulance and highway rescue services, to allocate funding to these programs including funds to acquire the infrastructure required to do so, and to set fees for these services.

The Department of Health and Social Services (HSS)

has a broad mandate to promote, protect and provide for the well being of the people of the Northwest Territories. All NWT residents have access to a broad range of health services and social programs funded through the department and delivered by HSS Authorities.

Health and Social Services Authorities plan, manage and deliver a range of community and facility-based services for health care and social services. Community health programs include daily drop-in clinics, public health clinics, home care, school health programs and educational programs. Visiting physicians and specialists routinely visit the smaller communities.

The Beaufort Delta Health and Social Services Authority contracts a private operator to provide ambulance services in Inuvik and surrounding highway area. In Behchokö, the Tlicho Community Services Agency operates an ambulance service, which provides local services and transportation to Stanton Territorial Hospital. Stanton Territorial Hospital manages the provision of medevac services in all NWT communities. The Town of Hay River receives annual funding from the Hay River Health and Social Services Authority to assist the community with ambulance expenses.

1.2. Definitions

There are definitions for some of the terms that are used often in this report. Those definitions are presented in the following tables.

Table 1: Types of Ground Ambulance Services

Definitions related to Ground Ambulance Services	
In-town services	Response to a patient and transportation to a local hospital or health center within community boundaries.
Highway services	Out-of-town service and transportation of a patient to a hospital or health center.
Inter-facility transfers	Transportation of a patient from a hospital to an airport and from an airport to a hospital or from a health center to an airport.
Medevac services	Air ambulance services, including a medevac aircraft and medevac medical staff.
Highway Rescue	Refers to provision of equipment and resources to support the extrication of a victim from an accident scene to enable access to the victim by emergency personnel.
Non-Medical Transportation Services	Patient transportation services, which are provided without medical services. For example, a community government might provide a municipal suburban to transport the medevac nurse from the airport to the health centre and then take the patient and the medevac nurse back to the airport.

Table 2 describes the terms used for the various training levels of Ambulance Crewmembers.

Table 2: Types of Skills for Ambulance Crews

Types of Skills for Ambulance Crewmembers	
Emergency Medical Responder	Member of the ambulance crew who provide first aid. They have 40 hours of training and are required to have CPR certification. Often the ambulance driver is an Emergency Medical Responder.
Emergency Medical Technician – Ambulance	Member of the ambulance crew who provides Basic Life Support as well as some Advanced Life Support techniques, such as peripheral intravenous line, establishing advanced airways, defibrillation and administration of some medications. The EMT-A is a 35-week course over and above the EMR training.

Types of Skills for Ambulance Crewmembers	
Emergency Medical Technician – Paramedic	Member of the ambulance crew who delivers all the Basic and Advanced Life Support services. The skills include a wide array of advanced airway management, delivery of medications, arrhythmia identification, and manual defibrillation. The EMT-P is a 2 year training program over and above that of the EMT-A.
Highway Rescue (Usually firefighters acquire these skills.)	Topics could include scene safety, vehicle stabilization, extrication techniques, as well as tool safety and operation. These courses are short in duration – 1-2 days of on-site training, often led by the equipment manufacturer.

Sources: Alberta College of Paramedics.
Southern Alberta Institute of Technology

In addition to the types of skills listed above, first responders and medical staff may also have Basic Trauma Life Support (BTLIS) training. BTLIS is a trauma course designed to teach emergency responders, paramedics, nurses, and physicians the appropriate assessment and treatment of critically injured trauma patients.

2. Feedback from the Interviews

The list of people interviewed and the interview questions are in Appendix C. The following sections summarize the concerns of community representatives as identified through the interviews.

2.1. Funding

Issues (from the interviews)

Several community representatives noted that there is no designated GNWT funding for ground ambulance services from a GNWT department. Community representatives identified that they lacked funding for:

- Ambulance operations
- Ambulance capital purchases such as vehicles and parking garages
- Training
- Highway services

Community representatives also noted that some GNWT funding exists, but is not available to all providers. The examples cited are:

- The Town of Hay River receives \$22,000 from the Hay River Health and Social Services Authority in annual funding. In previous years, MACA had provided funding assistance to the Town so that the Town could access a grant from the federal government for a Highway Rescue Vehicle to accompany the ambulance to the accident (approximately \$145,000).
- The Beaufort Delta Health and Social Services Authority contracts for the Inuvik ambulance service at a significant net cost to the Authority.
- The Tlicho Community Services Agency manages in-house ambulance services in Behchokö at a significant net cost to the Agency.

Proposed Solutions (from the interviews)

Interviewers suggested the following solutions:

- The GNWT should provide funding to community governments for ambulance services.
- The GNWT should provide funding for training
- The GNWT should provide training

2.2. Co-ordination

Issues (from the interviews)

Stakeholders are concerned that there is no central organizing body or single point of contact in the GNWT to deal with ambulance services. Stakeholders thought an ambulance coordinator could perform the following beneficial services:

- Co-ordination between local fire departments and ambulance providers
- Provide funding
- Provide training
- Establish minimum standards for:
 - o Competency
 - o Training
 - o Equipment
 - o Capacity
- Response protocol, particularly highway services.

Proposed Solutions (from the interviews)

Proposed solution to coordination issues:

- Create an organizing body to do the above functions.

2.3. Highway Services

Issues (from the interviews)

Community representatives are concerned there is no specific directive or direction for highway services. They said that municipalities do not have a specific mandate and are not funded for out-of-town responses.

Proposed Solutions (from the interviews)

Community representatives would like more direction from the GNWT, but did not suggest a specific solution.

2.4. Other Comments

The following issues were also mentioned in the interviews:

- Most stakeholders suggested municipalities continue as the provider of ambulance services. One suggested the GNWT take over the service.
- Ambulance providers have a difficult time recruiting and retaining staff and volunteers. Some of the reasons mentioned are:
 - o Low pay or honoraria
 - o Low job satisfaction due to low call volume
 - o Horrific accidents that can easily overwhelm a volunteer who has limited training and experience.
 - o Limited number of potential volunteers within a community. Some potential volunteers are already volunteering at fire departments and other volunteer services.
- Service levels can vary greatly within a community, depending on which attendants respond to a call. This is caused by volunteers having:
 - o Varied training levels,
 - o Varied skill levels, and
 - o Varied commitment levels
- Overall, most stakeholders feel that the current level of service to residents is good, and residents are satisfied with the service. Most representatives feel there is a good working relationship between health centers and ambulance service providers.

3. Observations of the GNWT Interdepartmental Team

This section identifies the observations of the inter-departmental team.

3.1. *Many service providers share personnel and facilities with other services in their community*

Ambulance providers have to cover many costs associated with the ambulance service. This includes:

- Ambulance vehicle(s)
- Back up vehicle(s)
- Equipment, supplies and storage space
- Training
- Salaries or honoraria
- Parking facility
- Insurance and other operating and maintenance costs

A Highway Rescue Vehicle, equipment and personnel would result in many of the same types of costs. For municipal governments, many of these costs can be shared with the fire department. For example, a parking garage / ambulance bay is often shared with a municipal fire department. The ambulance crew is paid honorariums in most municipal service providers. Where there are fulltime employees, those employees are able to provide a range of services – fire-fighting, highway rescue and emergency response. There are many examples of shared service models used by NWT ambulance providers.

- In Yellowknife, the fire and ambulance services are housed in the same building, and for the most part, crews are the same for both services.
- In Hay River, the ambulance and fire service use different volunteers, but share a parking facility.
- In Fort Smith, the health center has an ambulance bay to park the municipal ambulance. The ambulance volunteers are separate from the volunteer fire service
- In Behchokö, the Tlicho Community Services Agency employs five full time attendants. A volunteer force organized by the community government operates the fire service. The Tlicho Community Services Agency rents a parking garage stall for one ambulance, and parks the backup vehicle outside.
- In Inuvik, the ambulance service is operated by a private company, which has its own parking garage and full time employees. The fire service is a separate volunteer service, and is organized by the municipal government.
- In Fort Simpson, the fire and ambulance share parking facilities, but have, for the most part, separate volunteer forces.

3.2. NWT Highways have a very low call volume

In 2003, there were 47 personal injury accidents on all NWT highways. A detailed listing of accident locations can be found on the Department of Transportation website. A personal injury accident does not necessarily mean that an ambulance was called to respond. Highway ambulance calls are a very small percentage of all ambulance calls. For example, the City of Yellowknife ambulance responds to an average of 3 to 5 highway accidents per year, out of a total of more than 2000 calls.

Highway calls can strain local ambulance service and attendants because highway accidents often take more time than a local call to get to the site and additional time to provide the service and arrange return transportation. This can leave the local community with limited access to local ambulance services during those periods of time. Community governments often decide to provide services beyond their boundaries, because it is their residents who are often in these accidents and thus expect these services.

Highway calls can be serious medical situations, which can often overwhelm inexperienced attendants with basic emergency response skills. The highway service may be effective at reaching the accident victim, but an unskilled ambulance crew cannot respond effectively to serious medical trauma.

MACA worked with municipal governments, other ambulance providers and the RCMP to develop a Draft of a NWT Highway Emergency Alerting Protocol in 2004. The Draft Protocol identifies which ambulance provider should be called to respond to highway accidents. MACA developed the Draft Protocol in consultation with the ambulance providers and the RCMP.

3.3. *User fees for Ambulance Services are the primary source of funding ambulance services*

If community governments are interested in providing ambulance services, they have the jurisdiction to operate a ground ambulance service under municipal legislation. Community governments can enact bylaws that set their ambulance service fees. Bylaws can also extend ambulance coverage outside of municipal boundaries. Ambulance operators need to know the cost of providing these services in order to establish their fee structure and up-date rates can reflect increasing costs. Some municipal governments have chosen to charge higher fees for highway calls, based on time and distance factors. Some municipal government and providers may choose not to recover all their costs through user fees and offer a subsidized fee. For example, the Town of Fort Smith charges the same rate for in town calls as highway calls. Several municipal governments do not charge a fee to seniors. Most persons who have to use ambulance services are able to recover their costs from various supplementary health and insurance programs. The City of Yellowknife reported that there are very few unrecoverable invoices.

3.4. *16 communities, which are without ground ambulance services, have at least one resident nurse at the health facility.*

If the nurses at these community health centres (Whati, Gameti, Tuktoyaktuk, Aklavik, Fort McPherson, Holman, Sachs Harbour, Paulatuk, Deline, Tulita, Fort Good Hope, Norman Wells, Fort Liard, Fort Providence, Lutselk'e, and Fort Resolution) are directed by the Authority to not respond to any emergencies, then the other community residents are on their own to manage and arrange for transport to the health centre. Insurance and liability issues are identified as the major reasons for restricting community nurses' attendance at emergencies outside of the Health Centre (as per the Inuvik Policy in Appendix B). However, Lois Grabke, Risk Manager, Risk Management and Insurance, Department of Finance, has advised that:

The current insurance policy (for all NWT health and social services facilities) covers the actions of on-duty nurses outside of the health centre. In addition, the policy covers an employee while performing any "Good Samaritan" services. It does not make a difference if the vehicle used for transport is a contracted service or GNWT-owned vehicle. However, the policy will not cover any liability attributed to the owner or driver of the vehicle if it is not a GNWT-owned or leased vehicle.

3.5. *There are numerous sources of GNWT funding which provide resources for ambulance services*

The GNWT assists with ground ambulance costs by providing certain kinds of funding related to ambulance services:

Stanton Territorial Hospital for NWT Medevac Travel

Health and Social Services provides funds to Stanton Territorial Hospital to manage the provision of medevac services in all NWT communities. Users are charged a maximum co-payment of \$150 (depending on their income) for this service. Stanton tries to contract local vehicles for the transportation of medevac patients and the medevac team to and from the community health centre and community airport. If local transportation is not available, then the Health Centre van is used, if there is one.

Tlicho Community Services Agency Funding

Health and Social Services provides funds to the Tlicho Community Services Agency. This Agency provides ambulance services in Behchokö and surrounding highway area. The total cost of the ambulance service is approximately \$527,000. The Agency recovers about \$180,000 in user fees. The net cost of the ground ambulance service to the Agency is approximately \$347,000 per year. The Department of Health and Social Services provided approximately \$300,000 in additional funding to the Tlicho Community Services Agency in 2004-2005 to cover these ambulance costs.

It is important to note the unique circumstances in Behchokö. The Tlicho Community Services Agency provides a service that is similar to the airplane medevac service in other communities. There is no certified airstrip in the community. The majority of ambulance calls are emergency transportation to Stanton Territorial Hospital.

Health and Social Services Capital Funding

Health and Social Services allocates funding to Regional Health and Social Services Authorities, including capital funding for vehicles. However, the department has not been able to fund vehicles for Community Health Centres and an ambulance for the Tlicho Community Services Agency. In 2005-2006, this funding totaled \$400,000 for the eight health authorities, and is also used for other types of capital expenditures. Regional Health and Social Services Authorities are also able to make these purchases from a budget surplus. However, few authorities have a surplus. It seems likely that the Nurses, who may be expected to respond through a protocol, would need a vehicle.

Few contractors would want to assume the liabilities associated with becoming medical emergency transportation. However, not all Health Centers have an appropriate vehicle. The HSS team did not review the inventory.

Beaufort Delta Health and Social Services Authority Funding

Health and Social Services provides funds to the Beaufort Delta Region. The Health and Social Services Authority contracts a private operator to provide ambulance services in Inuvik and surrounding highway area. The total cost of these ambulance services for the Authority is approximately \$340,000. The Authority recovers approximately \$215,000 through user fees. The net cost of the ground ambulance service to the Authority is approximately \$125,000 per year.

Community Government Funding (MACA)

MACA uses a formula-based funding policy to allocate a significant portion of its general support for the activities of community governments. MACA does not provide designated capital funding (such as ambulance vehicles or garages) to the tax-based communities and is moving away from providing designated capital project funding from other communities. This means that community governments make their own decisions about allocating financial resources towards ambulance vehicles, garages, equipment etc.

Coverage of User Fees

Supplementary health benefits programs, such as the GNWT Medical Travel, GNWT Métis Health Benefits or GNWT Extended Health Benefits, cover the costs for many users of ambulance services.

Many users have their supplementary health benefits through non-GNWT programs such as NIHB (federal government) or employers' programs.

3.6. Services Levels and Standards are varied

As shown in the 2004 report, standards for ambulance attendants and general ambulance operations are normally established through provincial legislation. The legislation establishes a "college" that governs the Emergency Medical Technician professions. In addition, the legislation regulates the operation of ambulance services.

Across Canada, there are different levels of service in different communities. Each community and province has to determine what it can realistically provide in rural areas, large cities and small isolated communities. Southern communities struggle with staffing difficulties, training needs and high costs, which are factors that northerners face too. Legislation does not guarantee improved services.

Emergency Medical Responders do not have the skill set or experience to deal with horrific accidents and traumatic situations in the community or on the highway. An Emergency Medical Responder (EMR) is unlikely to feel competent responding to infrequent and complex situations. It takes a more highly trained healthcare provider to provide substantial care at serious emergencies. The more trained health professionals expect to have full time employment with significant demands for their skills. They won't stay at a job that has a few call-outs.

Most legislation identifies that ambulances must have a crewmember with an EMT skill level responding on every call.

An EMR-based service will not improve the quality of care for emergencies in the community or on the highway. The following features of ambulance services can be identified:

- Operations need to be 24 / 7, which is the reality for emergency services.
- Skills levels need to be at the EMT level or above.

Given these assumptions, the following factors emerge:

- EMTs expect fulltime employment, not honorarium-based positions.
- Only the larger NWT communities have a large enough call volume to support an EMT level service. In the small NWT communities, which have a Health Centre, the best option for responding to serious emergencies is through the development of the Community Health Centre protocol for the nurse's response.

- In the small NWT communities that do not have a resident community nurse at their health facility, the best option is the use of a protocol with the regional Health and Social Services Authority, so that residents know what to do in a medical emergency. The communities that do not have a resident community nurse are:
 - Jean Marie River
 - Kakisa
 - Nahanni Butte
 - Trout Lake
 - Wekweètì
 - Colville Lake
 - Wrigley
 - Tsiigehtchic
 - Dettah (served by the City of Yellowknife)
 - Hay River Reserve (served by the Town of Hay River)
 - Enterprise (served by the Town of Hay River)

3.7. Training programs are expensive

Ambulance attendant training is expensive and requires significant time commitments. Some ambulance providers are able to provide in-house training. Basic training is also available through Aurora College and St. Johns Ambulance Services. Aurora College provides Basic First Aid and CPR courses, while St. Johns Ambulance Services provides Advanced Medical First Responder courses, which are one to two weeks in length, and are similar to EMR courses. Vehicle Extraction training is usually included in firefighter training or provided by equipment suppliers.

Training costs for operators vary from year to year; communities report annual expenditures between \$5,000 and \$20,000. This varies depending on the courses provided, whether there is a local instructor, and the number of trainees. For example, in Hay River, an EMR training course can cost up to \$18,000 for a class of eight students.

Post secondary institutions in the south, such as the Southern Alberta Institute of Technology (SAIT), provide EMT-A training. EMT-A training is not a part time endeavor; at SAIT, the EMT-A training course requires 35 weeks of full time training.

4. Recommendations

4.1. Short Term (can be completed in one year or less)

- A. Develop and implement a protocol for those Health Centers with resident nurses to respond to certain kinds of medical emergencies and**
- B. Develop and implement a protocol for responding to medical emergencies for communities without a resident community nurse.**

These recommendations respond to the concerns of communities without a ground ambulance service. Many of these communities have a Health Centre staffed with nurses. These nurses are the best-trained resource for serious medical emergencies.

The Minister of Health and Social Services needs to issue a formal Directive advising the Health and Social Services Authorities that they each are expected to develop protocols, to guide the nurse(s) in making decisions about responding to medical emergencies outside the health center. A Board-approved and community-specific protocol is needed in order to ensure nurse safety and maintain the appropriate operation of the health center. The protocols will need to consider factors such as:

- Responses to various types of medical emergencies, including location, timing and
- Equipment and supplies
- Nurse training
- Support from other agencies such as the RCMP
- Involvement of other stakeholders such as the community government
- Transportation
- Response in the event that the Health Centre is under-staffed, closed or otherwise unable to respond.
- Out-of-the community medical emergencies

In addition, Regional Health and Social Services Authorities need to develop or update their protocols for communities without resident nurses, to ensure those residents and others providing services know how to respond in various situations.

Who would be responsible for this recommendation?

How long would it take?

Is the recommendation difficult to implement?

The Minister is responsible for providing the direction to the regional HSSA's. The regional HSSA's would be responsible for developing their protocols and could reasonably be expected to have that task completed within one year.

What would this recommendation cost the GNWT?

There may be some increase in overtime, but the amount is small, since the call volume should be small. There may be some equipment purchases that are needed, but these can be planned for and managed over several years. The HSSA's and the department need to review and consider their vehicle needs for these Health Centres and there may be more vehicles needed. Vehicles need to be included in the department's capital planning.

What difference would this recommendation make?

This recommendation would result in an approved protocol for responding to medical emergencies in smaller NWT communities without an ambulance service. The protocol would not result in a nurse response to every situation, only the most serious, but should assist to cover some of the existing gaps in services.

C. Continue to use and communicate the Draft NWT Highway Emergency Alerting Protocol.

The Draft NWT Highway Emergency Alerting Protocol will be forwarded to key stakeholders (community governments, Department of Transportation, Health and Social Services Authorities and RCMP) for final review and comment, after which it will be signed off and formally promulgated. This protocol establishes Zones to ensure that highway rescue services are available on all NWT all-weather roads, and stipulates which service providers will respond to calls in each zone.

MACA will continue to provide training to community fire departments where community governments have chosen to provide highway rescue services upon request, as outlined in the Protocol on vehicle extrication included in the Highway Emergency Alerting Protocol. MACA will work with community governments to ensure appropriate bylaws are in place.

MACA will continue to respond to community government requests to establish highway rescue services in accordance with the Highway Emergency Alerting Protocol, through providing access to federal funding for the acquisition of highway rescue equipment.

Who would be responsible for this recommendation?

How long would it take?

Is the recommendation difficult to implement?

MACA, in consultation with other stakeholders and community governments will implement this recommendation. It will take six months for finalization of the Protocol. The various partners need to be regularly involved in the review and development of procedures.

What would this recommendation cost the GNWT?

No additional costs other than internal staff resources already dedicated to this initiative.

What difference would this recommendation make?

This protocol will ensure that all emergency responders understand their roles and responsibilities in respect of highway accidents outside community boundaries, and that appropriate training and support is available to community governments in delivering highway rescue services. It can assist communities to develop bylaws regarding out of community response and rate structure. The protocol can also identify what should happen for accidents when there is no available nurse or there is no local ambulance.

D. Municipal governments should be encouraged to review and update their rates and by-laws.

Municipal governments should consider the need to review and update their ambulance by-laws. This review could include coverage times and boundaries, service levels and user fees (rates).

Who would be responsible for this recommendation?

How long would it take?

Is the recommendation difficult to implement?

Municipal governments would need to undertake their own reviews. They need to consider establishing separate rates for out-of-town services, which depend on distance and time. They need to consider establishing rates for all types of users.

What would this recommendation cost the GNWT?

This recommendation is not expected to result in significant new unanticipated costs to the GNWT in the short term. Increased rates would primarily affect the Health and Social Services' supplementary health benefits programs as well as other insurance programs, such as the federal NIHB or the GNWT employees' program. Only a small portion of the GNWT supplementary health benefits program funding is used for ambulance fees and reasonable increases should be expected.

What difference would this recommendation make?

User fees could move towards full cost recovery. Community governments would have carefully considered their ability to respond to out-of-town calls. The community governments that do not provide EMT level services may want to consider whether they can move towards that service level and still have affordable rates.

4.2. Long Term (can be completed in three to five years)

MACA and HSS will continue to work together to examine and resolve issues, in collaboration with community governments, regional health authorities and other stakeholders. This will improve the coordination of activities amongst the various parties.

A. HSS should move towards a fair allocation of its funding for HSS Authorities to support ambulance services.

This shift in funding methodology is easier said than done. Health and Social Services funds the regional Health and Social Services Authorities through contribution agreements, but does not control their use of that funding. Some of the considerations include:

- HSS needs to avoid allocating capital and project-specific funding of equipment and vehicles. The allocation process quickly becomes too complex to administer fairly for a diverse group of service providers.
- HSS needs to maintain its funding linkages with the Regional Health and Social Services Authorities and / or users of ambulance services and not directly fund Community Governments and private contractors.
- Funding should be given to support EMT-level services. That level of service could justify an increased investment, because it can result in an improvement in the quality of care.

- Funding needs to be undertaken in a way that does not encourage the providers of supplementary health insurance programs (NIHB, GNWT Employees' programs, etc) to off-load their existing coverage of ambulance costs.

The Tlicho Community Services Agency costs for the Behchokö to Yellowknife service, not the in-town service, should be funded separately from this allocation. This Rae to Yellowknife service is in reality a ground "Medevac" service to Stanton Territorial Hospital, because Rae does not have an airport-based medevac.

Who would be responsible for this recommendation?

How long would it take?

Is the recommendation difficult to implement?

Health and Social Services would have to take the lead to determine a funding model. The department is developing a formula-based approach to other portions of its Authority funding. This is a reasonably time consuming task and would take several years to finalize.

What would this recommendation cost the GNWT?

The cost has not been determined at this time.

What difference would this recommendation make?

Most revenues for ambulance services will continue to be generated through user fees. A predictable and supplemental funding base could assist the development of improved service level in the larger communities.

B. HSS should consider the need for EMT / ambulance licensing legislation

Legislation to regulate the Emergency Medical Technician (EMT) profession and operation of ambulance services could be developed and enacted. Legislation would establish certification standards for EMT's in the NWT.

It could also regulate the service level needed for an ambulance. Legislation would not make the operation of medical transportation services at levels below the standard for licensed ambulances illegal.

Who would be responsible for this recommendation?

How long would it take?

Is the recommendation difficult to implement?

Health and Social Services is responsible for the Acts that license various health professions. This legislation is not likely for the 15th Legislative Assembly, but could be planned for the next Assembly. The task is time-consuming, but not difficult. The department works with the relevant professionals throughout the legislative process.

What would this recommendation cost the GNWT?

Licensing legislation for a profession with small number of professionals should not result in significant new costs for the GNWT.

What difference would this recommendation make?

This kind of legislation has a positive effect on the recruitment of qualified staff for ambulance service providers.

C. MACA will continue to work with stakeholders to ensure coordinated protocols for highway response.

MACA, DOT and other stakeholders will assess the adequacy and effectiveness of the existing NWT Highway Emergency Alerting Protocol, and lead the development of similar protocols for winter roads. Based on this assessment, changes to the existing Protocol can be made as required.

Who would be responsible for this recommendation?

How long would it take?

Is the recommendation difficult to implement?

MACA will be responsible for this recommendation. MACA and DOT can begin work immediately to lead the development of highway response protocols for winter roads. Assessing the effectiveness of the existing protocol will require at least one year after the Protocol is finalized and promulgated. This will give all stakeholders an opportunity to see if the Protocol is well understood, easily accessible, and to determine the ability of participating community governments to effectively fund and operate a highway rescue service.

What would this recommendation cost the GNWT?

There may be additional costs to the GNWT resulting from the assessment of the existing Protocol depending on what challenges are identified by participating community governments. Similarly, there may be costs associated with the development of a protocol for winter road response

What difference would this recommendation make?

Coverage may be able to be extended to many winter roads, which are an important part of the NWT road system.

5. Next Steps

This report will be distributed to MLAs, regional Health and Social Services Authorities, municipal governments and other stakeholders. Ministers are very interested in their feedback.

The Departments of HSS and MACA, in consultation with other stakeholders, will undertake more detailed analysis of the issues raised in this report, including clarification of program mandates, and identification of required legislation, policy or program changes. Broader recommendations will be brought forward for consideration in the fall of 2006.

**Background Report
On
Ground Ambulance Services
In the NWT**

September 2004

**Department of Health and Social Services
GNWT**

Table of Contents

1. Introduction	1
2. Terminology	1
2.1. Introduction	1
2.2. Types of Ground Ambulance Services	1
2.3. Levels of Ground Ambulance Services	2
3. Services in the NWT	3
3.1. Introduction	3
3.2. Service Providers	3
3.3. Service Levels	4
4. Costs for the Health and Social Services' System	5
4.1. Introduction	5
4.2. Funding Information	5
4.3. Rate Information	7
4.4. Cost Information	8
5. Roles and Responsibilities	9
5.1. Introduction	9
5.2. GNWT Roles	9
5.3. Roles of Other Organizations	10
6. Experience Elsewhere	11
7. Findings	11
7.1. Service Providers	11
7.2. Service Levels	11
7.3. Rates	12
7.4. HSS Funding	12
7.5. GNWT Role	12
8. Concerns	12
8.1. Additional Input Is Needed	12
8.2. Rationalized HSS funding	12
9. Conclusion	12

List of Tables

Table 1: Types of Ground Ambulance Services	1
Table 2: Types of Skills for Ambulance Crews	2
Table 3: Ambulance Service Providers	4
Table 4: Service Levels in the NWT	5
Table 5 Health Authorities' Funding for Ambulance Services	6
Table 6 Rates	7
Table 7: Information from the Medical Travel Database 2002-03	8
Table 8: Information for Authorities (which do not use the Medical Travel Database)	9
Table 9: GNWT Departmental Functions	10
Table 10: Roles of Other Organizations	11

1. Introduction

This report provides some broad background information about ground ambulance services operating in the NWT. Ground ambulance services are an important service in the larger NWT communities, but they are not an insured service under the NWT Health Care Plan. In fact, the Department and its Regional Health and Social Services Authorities do not manage ground ambulance services (except for Rae-Edzo). They acquire services through fees and contracts with municipal and private operators.

This report was prepared by reviewing reports and by interviewing key contacts. Site visits were not undertaken and services were not evaluated. Health care professionals, senior managers and board representatives will all have views about the issues that could be resolved and improvements that could be made. This report provides a starting point for those discussions.

This report is organized into the following sections:

- Terminology
- Costs for the Health and Social Services' System
- Roles and Responsibilities
- Experience Elsewhere
- Findings
- Concerns
- Conclusion

2. Terminology

2.1. Introduction

This section identifies and provides definitions for the basic terms related to ambulance services.

2.2. Types of Ground Ambulance Services

Table 1 shows the types of ground ambulance services available in the NWT.

Table 1: Types of Ground Ambulance Services

Types of Ground Ambulance Services	
In-town services	Local service and transportation to a hospital
Highway services	Out-of-town service and transportation to a hospital
Inter-facility transfers	Transportation from a hospital to an airport and from an airport to a hospital

In addition to there are other related services:

1. Medevac Services (air ambulance services)

The Regional Health and Social Services Authorities contract for medevac aircraft and medevac medical staff. Med-Flight provides a nurse to manage patient care during medevac transport.

2. Non-Medical Transportation Services

These services are provided without medical services. For example, a community government might provide a municipal suburban to transport the medevac nurse from the airport to the health centre and then take the patient and the medevac nurse back to the airport. The Hamlet provides the vehicle and the driver for a fee. They do not provide medical care. The patient is under the care of the health centre nurse or the medevac nurse.

2.3. Levels of Ground Ambulance Services

Table 2 shows the types of skills for ambulance crewmembers. The types of skills of the crew determine the level of service offered by the ambulance service operator.

Table 2: Types of Skills for Ambulance Crews

Types of Skills for Ambulance Crewmembers	
Emergency Medical Responder	Member of the ambulance crew who provide first aid. They have 40 hours of training and are required to have CPR certification. Often the ambulance driver is an Emergency Medical Responder.
Emergency Medical Technician – Basic	Member of the ambulance crew who provides Basic Life Support, which includes bandaging, splinting, administration of oxygen. The EMT takes 300+ hours of training.
Emergency Medical Technician – Advanced	Member of the ambulance crew who provides Basic Life Support as well as some Advanced Life Support techniques, such as peripheral intravenous line, establishing advanced airways, defibrillation and administration of some medications. In addition to the basic EMT training, the EMT-A, takes 500+ hours of training.
Emergency Medical Technician – Paramedic	Member of the ambulance crew who delivers all the Basic and Advanced Life Support services. The skills include a wide array of advanced airway management, delivery of medications, arrhythmia identification, and manual defibrillation. The EMT-P has 1500 hours of training over and above that of the EMT-Basic.

In addition there are “non-crewmembers”. They are the first Responders, members of the community, who are notified when an emergency has occurred and respond to the scene in their personal vehicles. First Responders have taken 40 hours of training and are capable of providing basic first aid, the administration of oxygen and automatic defibrillation.

The service levels are also established by the availability of ambulance crewmembers. Members can be on-site at the ambulance station for their shift (i.e. salaried employees). The service may have members who are on site, 24 / 7 or just for certain shifts. Another option is that members could be “on-call” (i.e. most often volunteer crewmembers who are located in another workplace or at their homes and who respond to a call-out). These members may receive an honorarium for each “call-out”.

3. Services in the NWT

3.1. Introduction

This section identifies the ground ambulance services provided in the NWT.

3.2. Service Providers

In the NWT, community governments (Cities, Towns, Villages, Hamlets and Charter Communities) have the authority to enact by-laws about ambulance services in their community. Some community governments provide ambulance services in conjunction with their fire protection services. They provide the service through volunteer and/or paid crews using municipal vehicles and equipment. Community governments in Fort Simpson, Fort Smith, Hay River and Yellowknife all provide ambulance services and establish their service rates through their by-laws. These four community governments can also provide services outside of their boundaries through a by-law. All of these community governments provide ambulance services for road emergencies on the highways near their community. The City of Yellowknife and the Town of Hay River also operate Highway Rescue Vehicles, which contain the cutting and other equipment often needed for safe extraction of people from their vehicle after accidents.

There is a private sector ambulance service in the Town of Inuvik – Blue Ice EMS Ltd. The Inuvik Regional Health and Social Services Authority has contracted this company to provide the service. The Town of Inuvik does not operate a service nor do they have by-laws about ambulances.

In Rae-Edzo, the Dogrib Community Services Board operates an ambulance service, which provides local services and transportation to Stanton Territorial Hospital. The Board took over the service from a private operator.

Table 3 summarizes the providers in the NWT.

Table 3: Ambulance Service Providers

Ambulance Service Providers	
Yellowknife	City of Yellowknife
Hay River	Town of Hay River
Fort Smith	Town of Fort Smith
Rae-Edzo	Dogrib Community Services Board
Inuvik	Blue Ice EMS Ltd
Fort Simpson	Village of Fort Simpson

Note:

These service providers are usually available to respond to emergencies in nearby communities. EG: Dettah near Yellowknife.

These communities have established a protocol for responses on NWT highways.

Northerners also use medevac services, which can reach all NWT communities, when road transportation is not an option. Northerners also use ambulances in southern communities. For example, a medevac may result in the use of an Edmonton ambulance from the Edmonton airport to an Edmonton hospital. Northerners also occasionally use in-town ground ambulance services in southern communities.

3.3. Service Levels

Table 4 identifies the level of service provided by the NWT ambulance operators.

Table 4: Service Levels in the NWT

Service Levels in the NWT		
Service Provider	Skills	Availability
City of Yellowknife	Basic Life Support (EMTs)	24 / 7 On Site
Town of Hay River	Basic Life Support / Emergency Medical Response (EMTs and EMRs)	On Call 24 / 7
Town of Fort Smith	Basic Life Support / Emergency Medical Response (EMTs and EMRs)	On Call 24 / 7
Dogrib Community Services Board	Local - Emergency Medical Response To YK – Advanced Life Support (nurse) (EMRs and nurses)	24 / 7 On Site
Blue Ice EMS (Inuvik)	Basic Life Support (EMTs)	24 / 7 On Site
Village of Fort Simpson	Emergency Medical Response (EMRs)	On Call 24 / 7

These are approximate service levels. The certification of attendants is not regulated in the NWT. Professional associations in southern provinces may have certified the EMTs or the EMRs who are working in the NWT. In Alberta, an EMR must work under the supervision of an EMT.

In communities without ambulance services, the health centre nurse in the community provides patient care. All NWT communities have health centres or nursing stations staffed with nurses, except for Colville Lake, Tsiigehtchic, Trout Lake, Jean Marie River, Nahanni Butte, Wrigley, Hay River Reserve and Enterprise.

4. Costs for the Health and Social Services' System

4.1. Introduction

Ambulance services are not insured services under the NWT Health Care Plan. In theory, that should mean that the Department should not fund the Regional Health and Social Services Authorities to provide these services. People, who require ambulance services, pay the costs themselves or they may be eligible to have all or some of the costs of the service covered through a private or government program. Persons, who are injured in car accidents and require ambulance services, may be eligible for coverage through their car insurance. In reality, the allocation of funds to Regional Authorities is largely based on historical practice and direct funding for ambulance services is allocated to some Authorities and some Authorities allocate funding for ambulance services in their own budgets.

4.2. Funding Information

The GNWT Medical Travel Policy describes how the GNWT subsidizes the cost of Medical Travel by covering most of the costs of travel for medical purposes for northerners. Medical Travel includes the cost of ambulance services associated with inter-facility transfers.

Three of the Authorities are funded through their Medical Travel budget to pay for this portion of the costs of Medical Travel.

Most of the inter-facility transfers occur as a result of a medevac. In the NWT, Med-Flight provides medical services on medevac flights and inter-facility transfers associated with the medevac.

The Regional Health and Social Services Authorities pay the invoices from ambulance services providers for First Nations residents. They invoice those costs back to the Non-Insured Health Benefits Program (NIHB).

They also incur costs for ambulance services in southern locations, mostly as a result of inter-facility transfers.

Table 5 shows the sources of funding available to Health and Social Services Authorities for ambulance services.

Table 5 Health and Social Services Authorities' Funding for Ambulance Services

Health and Social Services Authorities' Funding for Ambulance Services	
Stanton Territorial Hospital	<ul style="list-style-type: none"> Funded for inter-facility transfers through the Medical Travel Budget. Invoices the full costs for a local ambulance call for NIHB clients to NIHB. Does not accept billing for any other clients. The City of YK invoices those clients.
Hay River HSSA	<ul style="list-style-type: none"> Funded \$22,000 for ambulance services (historical practice), which they transfer to the Town of Hay River. Inter-facility transfers are administered by Stanton Territorial Health Authority. Invoices the full costs for a local ambulance call for a local ambulance for NIHB clients to NIHB. Does not accept billing for any other clients. The Town of Hay River invoices those clients.
Fort Smith HSSA	<ul style="list-style-type: none"> Funded for inter-facility transfers through the Medical Travel budget. Invoices the full costs for a local ambulance call for NIHB clients to NIHB. Does not accept billing for any other clients. The Town of Fort Smith invoices those clients.
Dogrib Community Services Board	<ul style="list-style-type: none"> Invoices a negotiated fee, which only partially covers the costs for ambulance services, to NIHB for NIHB clients. There are very few non-NIHB clients. The Dogrib Community Services Board invoices these clients. There are very few calls that remain local; most ambulance calls take patients to Stanton. Trips to Stanton are considered to be ambulance trips, not Medical Travel or inter-facility transfers.
Inuvik RHSSA	<ul style="list-style-type: none"> Only partially funded for the costs of inter-facility transfers through the Medical Travel budget. Invoices a negotiated fee, which partially covers costs for a local ambulance call, for NIHB clients to NIHB. The rates used to invoice back costs to NIHB or their Medical Travel budget do not include the full costs charged by Blue Ice EMS Ltd. Does not accept billing for any other clients. Blue Ice EMS invoices those clients.
Fort Simpson HSSA	<ul style="list-style-type: none"> Invoices the costs for a local ambulance call for NIHB clients to NIHB. Inter-facility transfers are administered by Stanton Territorial Health Authority. Does not accept billing for any other clients. The Village of Fort Simpson invoices those clients.

Notes:

NIHB is the Non-Insured Health Benefits program of Health Canada. Status First Nations and Inuit persons are eligible for coverage under this program. The Medical Travel portion of the NIHB program is administered by Health and Social Services through a contract with Health Canada. The Health Services Administration Division in Inuvik administers this contract.

The amount of funding allocated as Medical Travel Funding is based on historical practice and forced growth adjustments. For 2003/04, the authorities received the following Medical Travel Funding:

Fort Smith HSSA	\$521,174
Hay River HSSA	\$22,000
Inuvik RHSSA	\$4,581,361
Stanton Territorial	\$4,165,507

Fort Smith receives an additional allocation of \$303,000 to manage GNWT employee medical travel.

The Hay River HSSA funding has been traditionally considered (by HSS) as funding for ambulance services.

In 2003-2004, because of expressed concerns, the Department made one-time contributions to the City of Yellowknife, the Village of Fort Simpson and the Town of Fort Smith of \$20,000 each.

4.3. Rate Information

Table 6 shows the rates charged by the NWT ambulance services. Information about the rates charged by community governments for emergency transportation is not provided.

Table 6 Rates

Rates		
	Inter-facility transfers	In town calls
City of Yellowknife	\$400	\$175
Town of Hay River	\$350	\$150
Town of Fort Smith	\$350	\$150
Dogrib Community Services Board	-	\$350 for local \$900 for Yellowknife
Blue Ice EMS (Inuvik)	\$740	\$200
Village of Fort Simpson	\$650	\$150

Note:

The contract between the IRHSSA and Blue Ice EMS Ltd includes the provision of \$18,000 monthly, which is in addition to the fees for ambulance services.

Service providers may charge a higher flat fee and a fee per km and/or per hour, if the pick-up is outside of community boundaries.

The City of Yellowknife, the Town of Hay River and the Town of Fort Smith do not charge fees to seniors.

4.4. Cost Information

Table 7 was prepared from 2002-2003 data in the Medical Travel Database. The Database includes information about all “warranted” travel, which means travel that has been “pre-approved”. This means that the local use of ambulance services in NWT communities (i.e. calls that did not result in an inter-facility transfer) are not included in this information.

Table 7: Information from the Medical Travel Database 2002-03

Service Provider	# Of Trips	# Of Clients	\$ Invoiced to RHSSA	Cost per Trip
City of Yellowknife	548	423	\$235,042	\$428
Inter Hospital Ambulance (Edmonton)	354	269	\$49,600	\$140
Town of Hay River	132	99	\$42,178	\$319
Town of Fort Smith	127	71	\$38,050	\$300
Village of Fort Simpson	76	67	\$45,003	\$592
British Columbia Ambulance Services	20	16	\$7,524	\$376
Wha Ti Charter Community	17	17	\$4,250	\$250
Grande Prairie Regional EMS	6	5	\$1,593	\$265
Gameti Development Corporation Ltd.	4	4	\$2,000	\$500
City of Edmonton EMS	3	3	\$1,848	\$616
City of Calgary	1	1	400	\$400
Total	1,288	975	\$427,488	

Notes:

This information is for 02-03.

Most in-town calls are not recorded in the Medical Travel Database and are not shown in this table. The Inter-Hospital Ambulance in Edmonton provides an ambulance with a driver and no medical attendants. Med-Flight provides the medevac medical attendants, who also accompany the patient throughout the transfer. The use of the City of Edmonton EMS costs more than the Inter-Hospital Ambulance, because medical attendants are present.

Table 8 shows the cost information for Authorities that do not record this information in the Medical Travel Database.

Table 8: Information for Authorities (which do not use the Medical Travel Database)

Authority	Ambulance Costs
DCSB	\$309,381
IRHSSA	\$335,700

Notes:

For the IRHSSA, this amount is for costs charged by Blue Ice for inter-facility transfers of NWT residents and the cost of local services for First Nations and Inuit persons. This is in addition to the monthly base amount stipulated in the contract.

For the DCSB, this amount is for the costs of their employees, operations and maintenance.

5. Roles and Responsibilities

5.1. Introduction

This section describes the roles and responsibilities of the various departments and organizations involved in ground ambulance services.

5.2. GNWT Roles

GNWT Departments are not directly responsible for emergency medical services: However, they do undertake a variety of indirect functions. Table 9 describes some of the indirect departmental functions related to ground ambulance services.

Table 9: GNWT Departmental Functions

Dep't	Functions
HSS	<ul style="list-style-type: none"> • Through its Regional Authorities, it establishes Medevac standards • Allocates Medical Travel funding to Authorities • Through its Regional Authorities, it operates health centres and trains nurses in emergency medical response. • Reimburses the Authorities invoices for services which are billable to NIHB • Responsible for the legislation, which regulates the standards for numerous health professions, but there is no legislation for emergency services personnel or operators. • Delivers supplementary health benefits programs for non-aboriginal people who are 60+ years old, or have certain diseases, or are Income Assistance clients. These programs cover the costs of ambulance services.
MACA	<ul style="list-style-type: none"> • Responsible for municipal governance legislation • Assist with Community Emergency Planning and Search and Rescue • Trains municipal employees, such as Fire Fighters, through its School of Community Government, but does not offer courses related to emergency medical response. • Funds community governments through formula-based funding • Provides certain types of capital funding, but does not provide capital funding for ambulances • Represents the NWT for Federal funding programs such as Joint Emergency Preparedness program (JEPP)
DOT	<ul style="list-style-type: none"> • Constructs and maintains highways and winter roads. • Operate a Highway Patrol that is primarily concerned with commercial vehicles and is not an Emergency Medical Responder.

Note:

In 2003, MACA, through a combination of federal and GNWT funds, funded the purchase of a Highway Rescue Vehicle for the Town of Hay River. The City of Yellowknife also received a contribution of federal funding for a Highway Rescue Vehicle.

5.3. Roles of Other Organizations

As identified elsewhere, municipal governments play the most significant role in the provision of services. Regional Health and Social Services Authorities, that choose to directly operate the service also have significant controls, as seen in Table 10.

Table 10: Roles of Other Organizations

Organization	Functions
Regional Health and Social Services Authorities	<ul style="list-style-type: none"> • The IRHSSA sets standards for ambulance attendants in its contract with Blue Ice. • The Dogrib Community Service Board sets standards for ambulance attendants in its job descriptions and hiring and training practices. • Pays invoices for ambulance services for certain clients and certain types of services, such as inter-facility transfers and NIHB clients and HSS Supplementary Benefits Clients. • Invoices NIHB for certain ambulance and medical travel costs
Municipal Governments	<ul style="list-style-type: none"> • Municipal governments that provide the service set standards for ambulance attendants in its job descriptions, volunteer recruitment, hiring and training practices. • Municipal governments that provide the service set rates for in town and out of town services through by-laws.
Private sector operators	<ul style="list-style-type: none"> • Set standards for ambulance attendants in its job descriptions, hiring and training practices. • Establish rates

6. Experience Elsewhere

There seem to be as many models for the provision of ground ambulance services as there are provinces and states. There are a few common features:

- In Canada's largest cities, paramedics provide a very sophisticated level of care and really become an extension of the Emergency Room of the hospital.
- Most provinces regulate the operator as a business and regulate the skills of the attendants. It is common for First Responders to be required to work with an EMT at all times. First Responder services are not usually considered to be an "ambulance" service.
- There are municipal governments, health authorities and private companies that provide services.

In Canada's rural communities:

- It is not uncommon to see the use of part time and volunteer attendants
- Small populations make it very difficult to find people to take and maintain their training with sufficient experience.

7. Findings

7.1. Service Providers

The connections to fire departments and municipal governments seem to be good connections. They seem to be able to attract volunteers, part-timers and on-call crewmembers.

7.2. Service Levels

The service levels (the skills and availability of operators) vary greatly amongst the six providers from having EMTs on site 24 / 7 to having Emergency Medical Responders on call.

7.3. Rates

Rates vary greatly. It is interesting to note that all the service providers charge their highest rate for inter-facility transfers. These transfers are essentially non-medical transportation. Only a driver and the vehicle are needed. The contracted medevac team provides all the medical services. One of the reasons for these high rates might lie in the fact that the Authorities pay these costs without complaint, whereas someone who pays for these costs out of pocket might be more likely to complain. However, NWT residents do not get charged for this service.

7.4. HSS Funding

There does not seem to be a service level-based rationale for the allocation of HSS funding to Regional Authorities other than historical practice.

7.5. GNWT Role

The GNWT has not taken very much direct interest in ground ambulance operators and attendants in the NWT.

8. Concerns

8.1. Additional Input Is Needed

Healthcare providers need an opportunity to identify their concerns about emergency medical services and ground ambulance services in the NWT. This report was not able to reflect that perspective. From a healthcare viewpoint, what improvements are needed and what improvements will make the most difference? Which organizations have the responsibility to make these changes? Perhaps, emergency response to highway accidents still needs attention. Perhaps, community health nurses need additional training and / or resources. Perhaps, community government ambulance crewmembers need better training. Input from the front line and from healthcare professionals is needed.

8.2. Rationalized HSS funding

Several factors determine the ground ambulance services available in the communities, including the amount of funding allocated to Authorities, the budget decisions made by the Boards of the Authorities and the level of service offered by the service provider. The Dogrib Community Services Board is allocated funding for ambulance services, because of historical practices. The IRHSSA is not funded for the full cost of the ambulance services they contract for, but the Board budgets to provide these services. Stanton manages its costs within its Medical Travel Funding and budget, at rates established by the City of Yellowknife and other providers. Regardless of Board choices, the Department has an obligation to allocate its funding as equitably as possible. Changing funding allocation practices is not an easy exercise and would need to fit with other challenges within the Department.

9. Conclusion

As a first step, this report needs to be distributed and reviewed for errors. Errors are likely, since this report did not involve on-site visits or financial reviews.

Ground ambulance services are not likely the most critical component of the healthcare system and are certainly not the most costly component. As well, ground ambulance services are able to function in many NWT communities.

The Department will determine its actions, with the input of its stakeholders and partners.



RECEIVED BY
DEPUTY MINISTER
APR - 6 2005

Inuvik Regional Health and Social Services Authority

Bag Service # 2, Inuvik, NT, X0E 0T0, Canada

Phone (867) 777-8146 Fax (867) 777-8062

6 April 2005

DISTRIBUTION LIST ATTACHED

Sent Via Fax

Original Retained on IRHSSA File

RE: OUT-OF-FACILITY EMERGENCIES OR OTHER TRANSPORTATION REQUESTS

For some time, there has been an expectation that the Inuvik Regional Health and Social Services Authority (IRHSSA) Community Health Nurses (CHN's) will attend out-of-facility emergency calls in communities and on the road system. Furthermore, there is an expectation that CHN's will provide ambulance services utilizing IRHSSA vehicles. However, these expectations are wrong and expose IRHSSA, the CHN and the client to significant liability.

IRHSSA has a policy in place outlining what we expect of our staff when there is an emergency at a location other than the health center or hospital.

Policy ADM.305 *Responding to Out-of-Facility Emergencies or Other Requests for Transportation* states:

Inuvik Regional Health and Social Services Authority (IRHSSA) Community Health Nurses (CHN's) are not *first responders*, and as such, do not attend emergencies outside of Health and Social Services Centres, or on the road system. IRHSSA Health and Social Services Centres are specifically equipped to deal with emergencies and other illnesses in the facilities. Furthermore, the following applies:

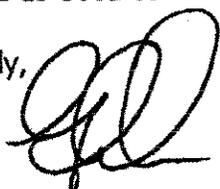
- IRHSSA does not provide *Ambulance Services* in communities or on highways. IRHSSA's vehicles are not purpose-built as ambulances.
- Contracted Ground Transportation Services are not intended for use as an ambulance service to respond to emergencies.
- Community Health Nurses and other IRHSSA staff are not responsible for transporting staff and patients to Health and Social Services facilities as they are neither trained as paramedics or emergency medical technicians (EMT's) nor are they shuttle drivers.

- Leaving the Health Centre to attend one emergency - especially in one-nurse centres - prevents other emergencies from being seen at the health centre.

In other jurisdictions, municipal governments generally provide ambulance and first responder services. The NWT does not have any legislation outlining how ambulance services are to be provided. However, in the *Cities, Town and Villages Act*; which falls under the responsibility of the Department of Municipal and Community Affairs (MACA), there is wording that allows municipalities to pass ambulance services by-laws.

While there is a gap in terms of Territorial legislation outlining who is responsible for ambulance and first responder services, it is inappropriate to assume IRHSSA will necessarily provide these services as there are significant operational and liability issues in play. Community Health Nurses may choose to attend out-of-facility emergencies based on their clinical judgment and expertise but it is not the expectation of IRHSSA that they do so. If nurses do choose to attend out-of-facility emergencies, they are doing so as *Good Samaritans* and not as agents of IRHSSA.

Sincerely,



Dr. Gerry Uswak
Chief Executive Officer

cc IRHSSA Board of Trustees
IRHSSA Senior Management Team
The Honourable Michael Miltenberger, Minister of Health and Social Services
Dave Murray, Deputy Minister, Health and Social Services
Debbie DeLancey, Deputy Minister, Municipal and Community Affairs



Inuvialuit Regional Corporation	(fax 777 - 2135)
Aklavik Community Corporation	(fax 978 - 2815)
Aklavik - Hamlet Office	(fax 978 - 2434)
Holman Community Corporation	(fax 396 - 3284)
Holman - Hamlet Office	(fax 396 - 3256)
Inuvik Community Corporation	(fax 777 - 4422)
Paulatuk Community Corporation	(fax 580 - 3508)
Paulatuk - Hamlet Office	(fax 580 - 3703)
Sachs Harbour Community Corporation	(fax 690 - 4905)
Sachs Harbour - Hamlet Office	(fax 690 - 4802)
Tuktoyaktuk Community Corporation	(fax 977 - 2504)
Tuktoyaktuk - Hamlet Office	(fax 977 - 2110)
Gwich'in Tribal Council - Inuvik office	(fax 777 - 4538)
Gwich'in Tribal Council - Fort McPherson office	(fax 952 - 2212)
Aklavik - Ehditat Gwich'in Council	(fax 978 - 2937)
Aklavik - Hamlet Office	(fax 978 - 2434)
Aklavik - Metis Local #56	(fax 978 - 2937)
Fort McPherson - Tetlit Gwich'in Council	(fax 952 - 2212)
Fort McPherson - Hamlet Office	(fax 952 - 2725)
Fort McPherson - Metis Local # 58	(fax 952 - 2212)
Inuvik - Nihtat Gwich'in Council	(fax 777 - 3090)
Inuvik - Metis Local # 62	(fax 777 - 3090)
Inuvik Native Band	(fax 777 - 3090)
Tsilgehtchic - Gwichya Gwich'in Council	(fax 953 - 3302)
Tsilgehtchic - Charter Community	(fax 953 - 3302)
Tsilgehtchic - Metis Local # 63	(fax 953 - 3302)
Town of Inuvik	(fax 777 - 8601)

Appendix C

Stakeholders Interviewed

A representative of the inter-departmental team interviewed stakeholders, including ambulance providers, community government representatives and healthcare professionals. These interviews occurred in summer 2005. The following stakeholders were interviewed:

- City of Yellowknife
 - Mickey Beauchamp, Fire Chief
 - Dave Nicklen, Director, Public Safety and Planning
- Village of Fort Simpson
 - Mayor Raymond Michaud
 - Bernice Swanson, Senior Administrative Officer
 - Pat Rowe, Ambulance Chief
- Town of Fort Smith
 - Roy Scott, Senior Administrative Officer
 - Kevin Mageean, Ambulance Chief
 - Jim Hood, Accounting Officer
- Town of Hay River
 - Mayor Diana Ehman,
 - Terry Molenkamp, Senior Administrative Officer
 - Ambulance attendant
 - Mike Mageean, Ambulance Coordinator
- Beaufort Delta Health and Social Services Authority
 - Gerry Uswak, Chief Executive Officer
- Fort Smith Health and Social Services Authority
 - Dana Rasiah, Chief Executive Officer
- Hay River Health and Social Services Authority
 - Paul Vieira, Chief Executive Officer
- Blue Ice, Inuvik
 - Abdalla Mohamed, Owner/operator
- Tliche Community Services Agency (Dogrib Community Services Board)
 - Anna Beals, Director, Health and Social Services
- Stanton – Medical Travel
 - Donna Zaozirny, Operations Director
 - Anita Wilkinson, Manager
- Municipal and Community Affairs, School of Community Government
 - Michael Yakabuski, Senior Researcher
 - Dave Earle, Support Services Officer
- Health and Social Services
 - Marnie Bell, Manager, Primary Community Services

These people were contacted but not interviewed:

- John McKee – President, Local Government Administrators of the NWT
- Minnie Letcher –Dehcho Health and Social Services Authority
- Eric Bussey – Director, Emergency Services, MACA

Interview protocol

Brief introduction

- Purpose of the interview is to hear the stakeholders' perspective on the challenges and concerns associated with ground ambulance services in the NWT.

Topics to discuss

- Three categories of ground ambulance services
 - Communities where service exists
 - Communities where no ground ambulance service exists
 - Highway response
- Discuss original ambulance report – Are there corrections?
- Discuss challenges and concerns for the ground ambulance services
- Discuss potential solutions to challenges. – What can the GNWT do to effectively improve service to residents?
- Discuss what works well